FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB Approv	al
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated average burden	
hours per response	1

SEC U	SE ONLY				
Prefix	Serial				
DATE RECEIVED					

Name of Offering (check if this is an amendment	ent and name has changed, and	indicate change.)		^		
July 2004 Common Shares Sale						
Filing Under (Check box(es) that apply): X Rule	≥ 504	☐ Rule 506	Section 4(6)	ULOE		
				RECEIVED		
Type of Filing: X New Filing: Amendment				SECSIVED 199		
	A. BASIC IDENTIF	ICATION DATA		100		
1. Enter the information requested about the issue	r			JUL & 0 2004 >		
Name of Issuer (check if this is an amend	ment and name has changed, a	nd indicate change.)	· · · · · · · · · · · · · · · · · · ·			
Jnana Technologies Corporation			· · · · · · · · · · · · · · · · · · ·			
Address of Executive Offices (Number and Street	, City, State, Zip Code)		Telephone Number (Including Area Gode)			
469 Seventh Ave., New York, NY 10018			212/560-9151			
Address of Principal Business Operations (Number	er and Street, City, State, Zip C	ode)	Telephone Number (Including Area Code)			
(if different from Executive Offices)						
Brief Description of Business				PROCESSED		
Computer Software Company; Platform for m	anagement and activation of	enterprise logic		- OLOOLD		
Type of Business Organization				AUG 02 2004		
X corporation	 limited partnership, alrea 	dy formed	☐ other (please specify)	€ 2004		
☐ business trust	 limited partnership, to be 	formed		D THOMSON		
		<u>Month</u>	Year	FINANCIAL		
Actual or Estimated Date of Incorporation or Org	anization:	0 <u> </u> 9_ 9	<u> </u>	Estimated		
Jurisdiction of Incorporation or Organization: D	E (Enter two-letter U.S. Po	stal Service abbreviati	ion for State;			
	CN for Canada; FN for oth	er foreign jurisdiction)			

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure To file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



A. BASIC IDENTIFICATION DATA									
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers 									
Check Box(es) that Apply: Promoter X Beneficial Owner X Executive Officer X Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Parnon, Frederic W.									
Business or Residence Address (Number and Street, City, State, Zip Code) 469 Seventh Ave., New York, NY 10018									
Check Box(es) that Apply:									
Full Name (Last name first, if individual)									
Grau, Christian M.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
3668 Timberline Dr. West Des Moines, IA 50265									
Check Box(es) that Apply:									
Full Name (Last name first, if individual)									
Lynch, John J. Jr.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
827 West Grove Avenue Mesa, AZ 85210									
Check Box(es) that Apply:									
Full Name (Last name first, if individual)									
Pratt, George C.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
55 Sugar Tom's Ridge East Norwich, NY 11732									
Check Box(es) that Apply:									
Full Name (Last name first, if individual)									
Quinn, Terry									
Business or Residence Address (Number and Street, City, State, Zip Code)									
3 Pickwick Plaza Greenwich, CT 06830									
Check Box(es) that Apply:									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)									

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers ■ Executive Officer ☐ Director ☐ General and/or Managing Partner ☐ Beneficial Owner Check Box(es) that Apply: ☐ Promoter Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Check Box(es) that Apply: Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Check Box(es) that Apply: ☐ Promoter Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner □ Promoter Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or Managing Partner Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	_					B. INI	FORMAT	TION AB	OUT OF	FERING				
1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No X				
	Answer also in Appendix, Column 2, if filing under ULOE													
2.	2. What is the minimum investment that will be accepted from any individual?										\$50,000			
3.	3. Does the offering permit joint ownership of a single unit? Yes X										No			
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. NONE													
Full	Nam	e (Last na	me first, it	findividua	1)									
Business or Residence Address (Number and Street, City, State, Zip Code)														
Nan	ne of	Associated	l Broker o	or Dealer										
			or check	d Has Solic individual			licit Purcha	asers					_	All States
[AL [IL] [M]	Γ]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]	
[RI]		[SC] ne (Last na	[SD] me first, i	[TN] f individua	[TX] l)	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Bus	iness	or Resider	nce Addre	ss (Numbe	er and Stree	et, City, St	ate, Zip Co	ode)				****		
Nan	ne of	Associated	i Broker o	or Dealer										
				d Has Solid individual			licit Purch	asers						☐ All States
[AL [IL] [M]		[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]	
[RI]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full	Full Name (Last name first, if individual)													
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Associated Broker or Dealer														
	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)										☐ All States			
[AL [IL] [M]]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]	
[RI]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NO. OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the column below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	X Common Preferred	\$50,000	\$50,000
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$50,000	\$50,000
2.	Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	One	\$50,000
	Non-accredited Investors	None	\$
	Total (for filing under Rule 504 only)	One	\$50,000
	Answer also in Appendix, Column 4, if filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	N/A
	Regulation A	N/A	N/A
	Rule 504	N/A	N/A
	Total	N/A	N/A
4.a.	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		-
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	X	\$4,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (Specify finder's fees separately)		\$
	Other Expenses (identify): State filing fee	X	\$35
	Total	X	\$4,035

b.	Enter the difference between the aggregate offering price give and total expenses furnished in response to Part C-Question of gross proceeds to the issuer."	4.a. Th	is difference is the "adjusted			\$ 45 , 9 65
5.	Indicate below the amount of the adjusted gross proceeds to the for each of the purposes shown. If the amount for any purpo and check the box to the left of the estimate. The total of adjusted gross proceeds to the issuer set forth in response to Pa	se is no the pay	ot known, furnish an estimate yments listed must equal the			
				Payme Officers, Di Affili	rectors, &	Payments To Others
	Salaries and Fees			 \$	□	\$
	Purchase of real estate			 \$		\$
	Purchase, rental or leasing and installation of machinery a	and equ	ipment	□\$		\$
	Construction or leasing of plant buildings and facilities			□\$		\$
	Acquisition of other businesses (including the value of se may be used in exchange for the assets or securities of an			□\$		\$
	Repayment of indebtedness			□\$		\$
	Working Capital			□\$	X	\$45,965
	Other (specify)					\$
				□\$		\$
	Column Totals			<u>□\$0</u>	X	\$45,965
	Total Payments Listed (column totals added)				X \$45,96	55
	D. FEDERAL	SIGN	ATURE			
the	issuer has duly caused this notice to be signed by the undersign following signature constitutes an undertaking by the issuer ten request of its staff, the information furnished by the issuer.	to furni	sh to the U.S. Securities and	i Exchange Co	mmission, upon	
	er (Print or Type)	Signati	ufe / /		Date	
Jna	na Technologies Corporation	19	- W/W		7/ 28 /04	
Na	ne of Signer (Print or Type)	Title o	f Signer (Print or Type)			
Fre	deric W. Parnon	Presid	ent and CEO			
	A Photo 45	NT:C:		<u> </u>		
	ATTE	DHN	V			

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)